

## Psychology Internship Program



Chillicothe VAMC  
17273 State Route 104 (116A)  
Chillicothe, OH 45601  
(740) 773-1141  
<http://www.chillicothe.va.gov/>

**General Psychology Match Number: 220411**  
**Applications Due: November 12, 2023**

### *Accreditation Status*

The doctoral internship at the Chillicothe Veteran Affairs Medical Center is accredited by the Commission on Accreditation of the American Psychological Association.

\*Questions related to the program's accreditation status should be directed to the Commission on Accreditation:

Office of Program Consultation and Accreditation  
American Psychological Association  
750 1<sup>st</sup> Street, NE, Washington, DC 20002-4242  
Phone: (202) 336-5979 / E-mail: [apaaccred@apa.org](mailto:apaaccred@apa.org)  
Web: [www.apa.org/ed/accreditation](http://www.apa.org/ed/accreditation)  
TDD/TTY: (202) 336-6123

**Internship Admissions, Support, and Initial Placement Data**  
**Date Program Tables are Updated: July 25, 2023**

<b>Program Disclosures</b>	
Does the program or institution require students, trainees, and/or staff (faculty) to comply with specific policies or practices related to the institution's affiliation or purpose? Such policies or practices may include, but are not limited to, admissions, hiring, retention policies, and/or requirements for completion that express mission and values?	No
If yes, provide website link (or content from brochure) where this specific information is presented:	NA

## **Internship Program Admissions**

Briefly describe in narrative form important information to assist potential applicants in assessing their likely fit with your program. This description must be consistent with the program's policies on intern selection and practicum and academic preparation requirements:

The primary goal of the Chillicothe VAMC Psychology Internship program is to expand upon academic graduate studies with the knowledge and skills of evidence-based clinical practice as a psychologist. Our goal is to prepare Interns for entry level or postdoctoral positions in either the public or private sector. We strive to provide generalist training in a range of inpatient and outpatient settings. To this end, we emphasize the development of intermediate to advanced skills in the profession wide competencies of psychology, in addition to facilitating further development of relative expertise in an area of emphasis (e.g., PTSD, Serious Mental Illness, geropsychology, primary care mental health integration). Each intern completes two 6-month major rotations (3 days per week) and one 12-month minor rotation (1 day per week).

Our internship program is geographically located to allow for a unique training experience with Veterans living in both rural and urban environments. Many of the Veterans in our outpatient catchment area live in rural communities and thus Interns will become knowledgeable of the specific challenges and health disparities to which Appalachian Veterans are vulnerable. Interns will develop behavioral competency for culturally-sensitive delivery of services to rural Appalachian Veterans. However, many of the Veterans engaged in our numerous residential programs (inpatient psychiatry, CLCs, substance abuse programs) come from urban areas such as Cincinnati, Columbus, Dayton, and Huntington, WV. Therefore, internship training will include the opportunity to explore many variables that impact identity development.

Our training program's philosophy for the education and training of doctoral psychology Interns is best characterized as a practitioner-scholar model. Interns are taught to use science in the service of clinical practice. This is a process that guides all decisions regarding training objectives. The psychology staff views the development of knowledge and skills related to evidence-based treatments as critical to competence in professional practice, and actively guide students through the process of incorporating evidence-based practices into their clinical work across rotations and through didactic experiences.

The Chillicothe VAMC Psychology Training program believes diversity among psychology staff and interns creates an environment that enhances and improves psychological service delivery, professional development, and the training experience as a whole. The training program, through its program development, application review and selection process, and training processes explicitly values the diverse backgrounds of all people. The training program embraces diversity in all of its forms and encourages those from diverse backgrounds to consider our training program.

<b>Does the program require that applicants have received a minimum number of hours of the following at time of application? If Yes, indicate how many:</b>	
Total Direct Contact Intervention Hours	Yes, Amount = 450
Total Direct Contact Assessment Hours	Yes, Amount = 50

If the applicant does not have the minimum number of intervention or assessment hours due to pandemic-related training obstacles, the applicant is encouraged to apply. In the application cover letter describe the training obstacles and why you believe you are prepared for a successful internship training year.

Describe any other required minimum criteria used to screen applicants:

1. Students must have written a minimum of 5 adult integrated psychological testing reports. The AAPI definition of an integrated psychological testing report is a report that includes a review of history, results of an interview and at least two psychological tests from one or more of the following categories: personality measures, intellectual tests, cognitive tests, and neuropsychological tests.
2. Students must demonstrate completion of at least three years of graduate course work.
3. Doctoral student in good standing in a graduate program in Clinical or Counseling psychology that is accredited by the American Psychological Association (APA), Canadian Psychological Association (CPA), or Psychological Clinical Science Accreditation System (PCSAS). Persons with a doctorate in another area of psychology who meet the APA criteria for respecialization training in Clinical or Counseling Psychology are also eligible.
4. The university advisor or director of training must verify that he or she approves and recommends that the student receive an internship at this facility as specified on the APPIC "Academic Program's Verification of Internship Eligibility and Readiness" form.

The Department of Veterans Affairs (VA) adheres to all Equal Employment Opportunity and Affirmative Action policies. As a Veterans Health Administration (VHA) Health Professions Trainee (HPT), you will receive a Federal appointment, and the following requirements will apply prior to that appointment

1. **U.S. Citizenship.** HPTs who receive a direct stipend (pay) must be U.S. citizens. Trainees who are not VA paid (without compensation-WOC) who are not U.S. citizens may be appointed and must provide current immigrant, non-immigrant or exchange visitor documents.
2. **U.S. Social Security Number.** All VA appointees must have a U.S. social security number (SSN) prior to beginning the pre-employment, on-boarding process at the VA.
3. **Selective Service Registration.** Male applicants born after 12/31/1959 must have registered for the Selective Service by age 26 to be eligible for U.S.

government employment, including selection as a paid or WOC VA trainee. For additional information about the Selective Service System, and to register or to check your registration status visit <https://www.sss.gov/>. Anyone who was required to register but did not register before the age of 26 will need to apply for a Status Information Letter (SIL) and request a waiver. Waivers are rare and requests will be reviewed on a case by case basis by the VA Office of Human Resources Management. This process can take up to six months for a verdict.

4. **Fingerprint Screening and Background Investigation.** All HPTs will be fingerprinted and undergo screenings and background investigations. Additional details about the required background checks can be found at the following website: <http://www.archives.gov/federal-register/codification/executive-order/10450.html>.
5. **Drug Testing.** Per Executive Order 12564, the VA strives to be a Drug-Free Workplace. HPTs are not drug-tested prior to appointment, however are subject to random drug testing throughout the entire VA appointment period. More information about VA rules related to drug testing can be found at [VA Drug-Free Workplace Program Guide for Veterans Health Administration Health Professions Trainees](#) You will be asked to sign an acknowledgement form stating you are aware of this practice. See item 8 below. Federal employees remain bound by a federal law defining marijuana as a controlled substance.
6. **Affiliation Agreement.** To ensure shared responsibility between an academic program and the VA there must be a current and fully executed Academic Affiliation Agreement on file with the VHA Office of Academic Affiliations (OAA). The affiliation agreement delineates the duties of VA and the affiliated institution. Most APA-accredited doctoral programs have an agreement on file. More information about this document can be found at <https://www.va.gov/oaa/agreements.asp> (see section on psychology internships). Post-degree programs typically will not have an affiliation agreement, as the HPT is no longer enrolled in an academic program and the program is VA sponsored.
7. **TQCVL.** To streamline on-boarding of HPTs, VHA Office of Academic Affiliations requires completion of a Trainee Qualifications and Credentials Verification Letter (TQCVL). An Educational Official at the Affiliate must complete and sign this letter. For post-graduate programs where an affiliate is not the program sponsor, this process must be completed by the VA Training Director. Your VA appointment cannot happen until the TQCVL is submitted and signed by senior leadership from the VA facility. For more information about this document, please visit <https://www.va.gov/OAA/TQCVL.asp>
  - a. **Health Requirements.** Among other things, the TQCVL confirms that you, the trainee, are fit to perform the essential functions (physical and mental) of the training program and immunized following current Center for Disease Control (CDC) guidelines and VHA policy. This protects you, other employees and patients while working in a healthcare facility. Required are annual tuberculosis screening, Hepatitis B vaccine, COVID-19 vaccine, as well as annual influenza vaccine. *Exemptions are EXTREMELY rare and must be supported with medical documentation or religious beliefs.* If you

decline the flu vaccine you will be required to wear a mask while in patient care areas of the VA.

- b. **Primary source verification of all prior education and training** is certified via the TQCVL. Training and Program Directors will be contacting the appropriate institutions to ensure you have the appropriate qualifications and credentials as required by the admission criteria of the training program in which you are enrolled.
8. **Additional On-boarding Forms.** Additional pre-employment forms include the Application for Health Professions Trainees (VA 10-2850D) and the Declaration for Federal Employment (OF 306). These documents and others are available online for review at <https://www.va.gov/oaa/app-forms.asp>. Falsifying any answer on these required Federal documents will result in the inability to appoint or immediate dismissal from the training program.
9. **Proof of Identity per VA.** VA on-boarding requires presentation of two source documents (IDs). Documents must be unexpired and names on both documents must match. For more information visit:  
<https://www.oit.va.gov/programs/piv/media/docs/IDMatrix.pdf>

**Additional information regarding eligibility requirements (with hyperlinks)**

- Trainees receive term employee appointments and must meet eligibility requirements for appointment as outlined in VA Handbook 5005 Staffing, Part II, Section B. Appointment Requirements and Determinations.  
[https://www.va.gov/vapubs/viewPublication.asp?Pub\\_ID=646&FType=2](https://www.va.gov/vapubs/viewPublication.asp?Pub_ID=646&FType=2)
- Selective Service website where the requirements, benefits and penalties of registering vs. not registering are outlined:  
<https://www.sss.gov/Registration/Why-Register/Benefits-and-Penalties>
- Health Professions Trainees (HPTs) are appointed as temporary employees of the Department of Veterans Affairs. As such, HPTs are subject to laws, policies, and guidelines posted for VA staff members. There are infrequent times in which this guidance can change during a training year which may create new requirements or responsibilities for HPTs. If employment requirements change during the course of a training year, HPTs will be notified of the change and impact as soon as possible and options provided. The VA Training Director for your profession will provide you with the information you need to understand the requirement and reasons for the requirement in timely manner

**Additional information specific suitability information from Title 5 (referenced in VHA Handbook 5005):**

(b) *Specific factors.* In determining whether a person is suitable for Federal employment, only the following factors will be considered a basis for finding a person unsuitable and taking a suitability action:

- (1) Misconduct or negligence in employment;
- (2) Criminal or dishonest conduct;
- (3) Material, intentional false statement, or deception or fraud in examination or appointment;
- (4) Refusal to furnish testimony as required by § 5.4 of this chapter;
- (5) Alcohol abuse, without evidence of substantial rehabilitation, of a nature and duration that suggests that the applicant or appointee would be prevented from

performing the duties of the position in question, or would constitute a direct threat to the property or safety of the applicant or appointee or others;

(6) Illegal use of narcotics, drugs, or other controlled substances without evidence of substantial rehabilitation;

(7) Knowing and willful engagement in acts or activities designed to overthrow the U.S. Government by force; and

(8) Any statutory or regulatory bar which prevents the lawful employment of the person involved in the position in question.

(c) *Additional considerations.* OPM and agencies must consider any of the following additional considerations to the extent OPM or the relevant agency, in its sole discretion, deems any of them pertinent to the individual case:

(1) The nature of the position for which the person is applying or in which the person is employed;

(2) The nature and seriousness of the conduct;

(3) The circumstances surrounding the conduct;

(4) The recency of the conduct;

(5) The age of the person involved at the time of the conduct;

(6) Contributing societal conditions; and

(7) The absence or presence of rehabilitation or efforts toward rehabilitation.

### Financial and Other Benefit Support for Upcoming Training Year\*

Annual Stipend/Salary for Full-time Interns	\$34,762
Annual Stipend/Salary for Half-time Interns	NA
Program provides access to medical insurance for intern?	Yes
<b>If access to medical insurance is provided:</b>	
Trainee contribution to cost required?	Yes
Coverage of family member(s) available?	Yes
Coverage of legally married partner available?	Yes
Coverage of domestic partner available?	No
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	104
Hours of Annual Paid Sick Leave	104
In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave?	Yes
Other Benefits (please describe): 13 day of sick leave, 13 days of vacation, 11 federal holidays, professional development time, up to 3 paid days for interviewing for VA employment or VA postdoctoral positions.	

\*Note. Programs are not required by the Commission on Accreditation to provide all benefits listed in this table

<b>Initial Post-Internship Positions</b>	2019-2022
(Provide an Aggregated Tally for the Preceding 3 Cohorts)	
Total # of interns who were in the 3 cohorts	11
Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree	0
Academic teaching	PD=0, EP=0
Community mental health center	PD=0, EP=0
Consortium	PD=0, EP =0
University Counseling Center	PD=0, EP =0
Hospital/Medical Center	PD=2, EP =0
Veterans Affairs Health Care System	PD=2, EP =3
Psychiatric facility	PD=0, EP =0
Correctional facility	PD=0, EP =0
Health maintenance organization	PD=0, EP =0
School district/system	PD=0, EP =0
Independent practice setting	PD=1, EP =2
Other	PD=0, EP =1
Note: "PD" = Post-doctoral residency position; "EP" = Employed Position. Each individual represented in this table should be counted only one time. For former trainees working in more than one setting, select the setting that represents their primary position.	

## Application Process

*To apply, applicants should send us the following via the on-line application system (APPIC):*

1. The APPIC Application for Psychology Internship (AAPI)
2. A copy of your curriculum vitae
3. A transcript of your graduate courses
4. Three letters of recommendation from individuals who have supervised your clinical work.
5. Please specify in your cover letter the **two major rotations** and **one minor rotation** you are most interested. Then please specify your interest in **one alternate major rotation** and **one alternate minor rotation**. This is not an official rotation selection. Rotation selection will not be solely determined by preference. Training needs and supervisor availability also determine rotation assignment. The information will be used to set up interviews with the appropriate supervisors whenever possible.

**Please contact one of the Training Directors with any questions.**

**Jenna Plumb-Sisson, Psy.D.**  
**Chillicothe VAMC**  
**740-773-1141 ext 17979**  
**Jenna.Plumb-Sisson@va.gov**

**Stephen J. Owens, Ph.D., ABPP**  
**Chillicothe VAMC, Athens CBOC**  
**740-773-1141 ext 11514**  
**Stephen.Owens@va.gov**

## Candidate Interviews

All interviews are conducted individually and by invitation only. Candidates will be informed by e-mail by **December 1, 2023** concerning whether or not they have been invited for an interview. We regard interviews as a two-way process: a chance for us to learn more about you, and an opportunity for you to get a better understanding of our program. We plan to offer both in-person and videoconference formatted interview options. We believe that visiting our facility and meeting our staff showcases the great culture of our training program. However, no preference will be given to applicants based on their choice of interview format. We adhere strictly to the selection process guidelines established by the Association of Psychology Postdoctoral and Internship Centers (APPIC).

## Match Process

We will follow the match policies established by APPIC. The only information that we may communicate to applicants prior to the February deadline is whether they are still under consideration for admission. Additional information regarding the match is available through the National Matching Services. ***The General Track Chillicothe VAMC Match Number is 220411.***

### ***Psychology Setting***

2024-2025 will be the 13th year for psychology internship training at the Chillicothe VAMC. The dates of appointment for a 1 year pre-doctoral psychology internship are July 14, 2024-July 13, 2025.



There are over 20 psychologists who provide comprehensive services to patients and their families throughout the Medical Center. They serve as members of multidisciplinary treatment teams in psychiatric care, as consulting and unit psychologists in specialized medical areas, and as coordinators or program managers of several patient care programs. In addition to clinical and administrative duties, psychologists are also actively involved in training. There is a wide range of professional activities in which an intern may engage, and a large, diverse, and experienced staff with whom to interact.

### ***Training Schedule and Rotations***

Between Match Day and the start of the internship, Interns communicate with the Training Directors their desired training schedule for the entire year. Interns will rate their preferences for two major and one minor rotation. The training committee will review availability of rotations, the Interns' past experiences and their training goals, and determine the Interns rotations for the year. Major rotations are six months. The Intern will participate in the minor rotation for the full year of the internship. The remainder of the work week will be divided between supervision and didactics. Interns are expected to spend at least 25% of their work week in provision of direct clinical services.

### ***Program Structure***

The program has three slots in the General Track (Match number: 220411).

Each Intern will be expected to complete 2 Major rotations and 1 Minor rotation. Major rotations require 22-27 hours per week and are 6 months in duration. Minor rotations require 8-11 hours per week and are 12 months in duration. Major rotations are offered in the following areas: 1) Acute Psychiatry/Psychosocial Residential Rehabilitation Treatment Program (PR RTP), 2) Community Living Centers, 3) Pain psychology, 4) Post Traumatic Stress Disorder Clinic (PCT), 5) Primary Care Mental Health Integration (PCMHI), 6) Psychosocial Rehabilitation (locally named Veterans Transition and Empowerment Center, VTEC), 7) Trauma Track and 8) Outpatient Mental Health Clinic (locally named the Wellness and Recovery Center). Minor Rotations are offered in 1) the Athens Community Based Outpatient Clinic, 2) Outpatient Mental Health Clinic (locally named the Wellness and Recovery Center), 3) Cambridge/Marietta Outpatient Video Telehealth. Minor rotations are occasionally offered on other rotations such as VTEC, Acute/PR RTP, and PTSD clinic. Please note that due to

unforeseen circumstances, not all rotations listed above are guaranteed.

Interns should strive to achieve a balance of therapy and assessment experiences. Therefore, each Intern has the option of carrying additional outpatient psychotherapy cases if their major rotations do not include much therapy exposure, or to pursue additional assessment cases if their major rotations are primarily therapy. These additional experiences will be developed as needed through collaboration with the Intern.

Each Intern will be expected to successfully demonstrate competency in comprehensive assessment. Interns must complete a minimum of two comprehensive assessments per major rotation -- for 4 total comprehensive assessments. Each assessment must be rated as satisfactory by the supervising psychologist in order to meet this criterion. Comprehensive assessments include personality, cognitive, and/or psychiatric assessment. This evaluation will include complete psychosocial diagnostic evaluation including a variety of psychometric instruments.

Interns should expect to receive training in both individual and group psychotherapy. Interns will have the opportunity to co-lead certain groups with staff from a variety of disciplines including social work, nursing, psychiatry, and pharmacy. In addition to therapy groups, Interns will also have the opportunity to participate in a number of psychoeducational groups. Individual therapy experiences are available on all rotations.

Interns will be expected to become active members of interprofessional treatment teams on most rotations. They will attend staff meetings and collaborate on treatment teams with professionals from a variety of disciplines. For example, Interns would receive opportunities on the Psychosocial Residential Rehabilitation Treatment Program to partner with a multidisciplinary treatment team (physician, clinical pharmacist, psychologists, social worker, chaplain, recreational therapist, nursing staff) to identify and address goals of rehabilitation, recovery, health maintenance, improved quality of life, and community integration. It is expected Interns involvement on multidisciplinary teams will transition from initially being a consumer of interdisciplinary information to that of active consultant to other disciplines in regard to the mental health components of Veterans' care.

## **Training Rotations**

Below are descriptions of the rotations currently available for psychology interns at the Chillicothe VAMC. The rotations are divided into Major and Minor rotations.

### **MAJOR ROTATIONS**

#### **Acute Psychiatry/Psychosocial Residential Rehabilitation Treatment Program (PRRTP)** **Supervisors: Margaret DeHoff, Psy.D.**

Interns assigned to this rotation will receive training opportunities on the acute psychiatric unit and PRRTP, both co-ed units with 28 and 25 beds, respectively. Interns will develop foundational competencies in assessment and intervention of a wide range of psychopathology within the context of a multidisciplinary team. There are ample opportunities to assess for risk of suicide and homicide, to provide diagnostic clarification, to offer input to the

multidisciplinary team regarding readiness for discharge and treatment recommendations, and to initiate brief psychotherapy with Veterans participating in inpatient/residential treatment. Interns will have an opportunity to treat Veterans as they transition from the acute psychiatric unit to a less restrictive hospital environment. This is a unique training opportunity and challenges interns to adjust their assessment and intervention goals across these different treatment environments. Psychometric testing is utilized as needed in order to effectively address consult requests. Interns will engage in individual and group therapy on both units, and may have an opportunity to see select Veterans for long-term therapy upon their discharge to the community. Interns will have an opportunity to develop/facilitate a group (psychoeducational and/or process-oriented) of their choosing on the units as well.

The primary emphasis of this rotation will draw from recovery-oriented (i.e., strengths-based) approaches to case conceptualization, intervention, and treatment planning. Related to this philosophy, Interns will receive training in Social Skills Training, an evidence-based treatment for individuals diagnosed with SMI. While supervised clinical experiences will be rooted in the recovery model, interns will be challenged to continue to refine their own interests and theoretical orientation.

When unexpected or emergent situations arise that directly impact the inpatient/residential units (e.g., quarantine due to illness), we make every effort to continue to deliver services to veterans without interruption. In some cases, in order to prioritize the health and safety of both trainees and veterans admitted to inpatient/residential treatment, this requires us to modify how these services are delivered. This could include transitioning to telehealth appointments, limiting the number of participants in groups, selecting psychometric tests that can be administered audibly, and so on.

### **Community Living Centers**

**Supervisor: Shalagh McBride, Psy.D., ABPP & Sabrina Gonzales, Ph.D.**

Interns selecting this rotation will receive training that includes consultation to other professionals, interdisciplinary collaboration, assessment, and intervention with a diverse population. The Community Living Center (CLC) is home to Veterans who require short or long-term care; some of whom are unable to live independently in the community. The vast majority of these Veterans have complex, overlapping medical and mental health conditions. For example: CLC residents may have multiple chronic medical problems, cognitive impairment/dementia, serious mental illness (SMI), or co-morbid psychiatric and substance abuse issues. In addition, the residents of the CLC are frequently demographically characterized as older adults/elderly, rural, and from low socioeconomic status. Loss of independence and reliance on others for care is often an issue for many older Veterans living on the CLC, particularly for our tenacious and self-reliant rural Veterans. Through collaboration with the interdisciplinary team, interns will have an opportunity to learn how to address these issues in order to help Veterans preserve as much independence as possible while ensuring they are provided with the adequate support services they need upon discharge to promote their safety. Aiding Veterans returning to a rural area with limited community support services can be a particularly daunting task.

Development of case conceptualization skills to inform diagnosis and treatment are emphasized throughout this rotation. Assessment experiences include honing diagnostic interviewing, brief cognitive assessment, lethality/risk assessments, and capacity evaluations. Evidence-based psychotherapy training opportunities include cognitive-behavioral

treatment for depression and interns will become familiar with STAR-VA, which is a behavioral management program designed to assist staff in managing dementia-related behaviors. In addition, interns will also receive training in brief interventions, supportive therapy, facilitation of treatment adherence, effects of psychopharmacology, management of behavior problems, end-of-life therapeutic interventions, stress reduction, mindfulness, caregiver support, grief counseling, and end-of-life therapeutic interventions. Professional development opportunities are abundant as a part of this rotation via participation in several interdisciplinary treatment teams (CLC units, Hospice/Palliative Care) and daily consultation with nursing, social work, and medical staff. Interns will complete this rotation having learning increased flexibility and improved time management skills that are essential for offering psychological services and completing documentation in a medical setting.

It is notable to comment on working in this setting under the conditions of the COVID-19 pandemic. Under the present circumstances, interns who are working in other areas of the facility will not be permitted to physically enter the CLC neighborhoods and psychology training on the CLC will be conducted via telehealth technology. Due to the evolving nature of this pandemic, this current guidance could be modified at any time, such as possibly being subject to a COVID-19 test before working on the units, among other things. However the intern will be trained in use of telehealth technology from the beginning of the rotation so that internship training can proceed without interruption even in spite of unpredictable circumstances. Intern candidates will want to be aware that the entirety of their training experience on the CLC may potentially be completed via telework.

### **Pain Psychology**

**Supervisor: Laura Smith, Ph.D.**

Interns in Pain Psychology will gain experience in addressing chronic pain from a biopsychosocial perspective. Cognitive, behavioral, and emotional factors are commonly linked with chronic pain in a self-perpetuating cycle. For that reason, Psychology can play a prominent role in the management of chronic pain. Interns will be involved in the assessment and treatment (including determination of need for referral) of pain and commonly associated concerns such as insomnia, PTSD, depression, anxiety, interpersonal stressors, and substance use. The nature of intervention is primarily individual, structured, and time-limited, but groups may also be available. Common areas of focus include behavioral activation, pacing of activity, healthy lifestyle choices, improving sleep, one's relationship with their thoughts, exploration of values, stress management, relaxation skills, mindfulness, and assertiveness skills. Special emphasis is given to EBP protocols developed by the VA – mainly, CBT for Chronic Pain and CBT for Insomnia (as well as aspects of Motivational Interviewing, Acceptance and Commitment Therapy). Depending on current needs, interns might also have the opportunity to participate in development and implementation of new programming. Interns may also choose to participate with an interdisciplinary administrative policy team focused on opioid risk mitigation.

The Pain Psychology intern office is equipped to accommodate video telehealth visits. Interns are trained on telehealth equipment at the start of the rotation and are encouraged to offer video telehealth appointments to all veterans. When unexpected or emergent situations prohibit in-person visits, the clinic may shift to offering *only* telehealth appointments. At that point, interns are expected to encourage all Veterans to shift to telehealth.

### **Posttraumatic Stress Disorder Clinical Team (PCT)**

**Supervisor: Justine Baldwin, Psy.D., J. Sean McKay, Ph.D.**

**CPT Consultant: Carrie Robinson, Ph.D.**

The PTSD Clinical Team is an outpatient clinic that treats Post Traumatic Stress Disorder resulting from military and non-military trauma (i.e., military sexual trauma, combat trauma, training accidents, childhood trauma) with empirically supported treatments. Veterans receiving treatment include both males and females from all eras of service. Interns have opportunities to attend staff meetings, perform assessments, and conduct group and individual therapies for the treatment of PTSD. The PTSD clinic offers cognitive processing therapy, eye movement desensitization and reprocessing, prolonged exposure therapy, and written exposure therapy. In addition, imagery rehearsal therapy for nightmares, cognitive behavioral therapy for insomnia, and moving forward: a problem-solving therapy are commonly provided. We also provide education about PTSD to Veterans and their partners/families. Opportunities selected for interns will be guided by their interests and the clinical care being offered at the time of the rotation. In treating rural Veterans with PTSD, isolation can be one of the most significant obstacles to address in treatment. Interns will learn how to deal with this unique factor as they work with Veterans with PTSD. Telehealth is utilized within the clinic to reach the needs of those who cannot attend appointments in person.

When unexpected or emergent situations arise, the clinic shifts from in person to telehealth appointments to meet Veteran needs. All PCT clinic staff and interns are expected to be telehealth ready and therefore offices are set up with cameras to accommodate tele health visits. Interns in PCT clinic are trained on telehealth equipment at the start of the rotation so that they may offer this to all Veterans who live within the state.

### **Primary Care Mental Health Integration (PCMHI)**

**Supervisors: Jenna Plumb-Sisson, Psy.D., ICP**

PCMHI works with the Primary Care Patient Aligned Care Teams (PACT) to provide Veteran treatment in a Primary Care setting. Our PCMHI team consists of a medication prescriber, a social worker, a social work care manager, and two psychologists at main station and a social worker at the CBOCs. A main function of the PCMHI team is to provide impromptu consultation for the PACT, often in the form of “warm handoffs” such as to screen for depression, anxiety, PTSD, at risk substance use, insomnia, suicidal ideation, relationship, dementia, and treatment adherence concerns. The team also provides evaluations of mental health conditions commonly seen in primary care settings, symptom monitoring, medication and brief behavioral interventions for mental health conditions of mild to moderate severity, and referral management for veterans in need of higher levels of care. In addition, PCMHI offers classes to Veterans.

Veterans enrolled in behavioral medicine intervention services are limited to those that are anticipated to respond to brief, problem-focused interventions. Session length is limited to 30 minutes, with overall intervention typically occurring over 4-6 sessions. These limits are necessary to ensure the ample open access time that allows us to function as an integrated component of the PACT, as opposed to simply being a traditional mental health clinic that happens to be located in Primary Care. Special attention is given to avoid booking a full schedule, which would preclude ability for real-time access by PACT clinicians for immediate

Veteran needs. As such, interns on the PCMHI rotation are most successful if they are organized and are able to engage in a flexible approach that is problem-focused.

Interns are expected to complete warm handoffs, functional assessments, brief problem-focused interventions, lead classes, and consult with other PCMHI team members and PACT staff. You will also have opportunity to facilitate classes with our healthy eating/weight loss team and perhaps to develop your own separate class curriculum. All PCMHI clinic staff and interns are expected to be telehealth ready and therefore offices are set up with cameras to accommodate such visits. Interns will work with Veterans from a wide variety of SES, educational, vocational, and other experiential backgrounds. We welcome the opportunity for you to join the PCMHI team!

### **Psychosocial Rehabilitation**

**Supervisors: Jaclyn Hillis-Mascia, Psy.D. & Nathan Bidlack, Psy.D., ABPP**

The Psychosocial Rehabilitation and Recovery Center (PRRC) locally named the Veteran's Transition and Empowerment Center (VTEC), provides a unique opportunity to work with Veterans diagnosed with a Severe Mental Illness (SMI). Criteria for the program include a SMI diagnosis, such as Schizophrenia, Schizoaffective Disorder, Bipolar Disorder, Major Depressive Disorder, and severe PTSD, and a Global Assessment of Functioning (GAF) score under 50. VTEC is a supportive outpatient recovery center that is rooted in the recovery model. There are several groups offered throughout the day, including Illness Management and Recovery and Social Skills Training, an evidence-based treatment for SMI. Each Veteran is assigned a Recovery Coach that serves as their primary contact person within the program. The Recovery Coach works with the Veteran to identify individual recovery goals to help the person improve their overall quality of life. VTEC also emphasizes community integration and assists Veterans with identifying and participating in meaningful roles within the community based on individual preference. Veterans who are enrolled in VTEC learn the fundamental principles of psychiatric rehabilitation with an emphasis on developing and achieving individual recovery goals, improved psychosocial functioning, and greater integration in their communities of choice. The VTEC staff work with Veterans to instill hope and utilize strengths to recover from psychiatric problems.

Interns involved with this rotation will learn the basic principles of psychosocial rehabilitation, and have the opportunity to complete biopsychosocial assessments, facilitate group psychotherapy, and individual psychotherapy. Interns will be able to learn about the evidenced-based practices for the SMI population, including Social Skills Training, Illness Management and Recovery, and Peer Support. They will also have the opportunity to design their own groups based on Veteran needs and approval from the VTEC team. The clinical work, training, and supervision on this rotation is primarily based on a metacognitive framework. Metacognitive Reflective and Insight Therapy (MERIT) is an integrative approach that is individualized, directed by the client, that works to assist in forming more integrated ideas of the self, others, and the world, and then to use this knowledge to respond to psychosocial circumstances and move towards recovery. Interns on this rotation will also have an opportunity to participate in an ongoing clinical research study. This is a specialized clinic and the rotation requires some background training and/or strong interest in pursuing a career in working with persons with experiences of persistent mental health concerns.

When unexpected or emergent situations arise, the clinic shifts from in person to telehealth appointments to meet Veteran needs. All VTEC clinic staff and interns are expected to

be telehealth ready and therefore offices are set up with cameras to accommodate tele health visits. Interns in the VTEC clinic are trained on telehealth equipment at the start of the rotation so that they may offer this to all Veterans who live within the state. VTEC is currently running all groups in person, but there is a possibility that the program would require to shift to a virtual model. Individual appointments, including individual therapy, recovery coach sessions, and assessments, could be completed via in-person, telephone, or Virtual Care Manager, depending on current facility guidelines and clinical need.

### **Trauma Track - PTSD Residential Treatment Track** **Mental Health Residential Rehabilitation Treatment Program (MHR RTP)**

**Supervisors: Brooke Wright, Psy.D.**

The Trauma Track is a residential PTSD treatment program track within MHR RTP treating veterans with both military and non-military traumatic events. Veterans treated in this program are part of PR RTP (Psychosocial Residential Rehabilitation Treatment Program) or SATP (Substance Abuse Treatment Program) within MHR RTP. Veterans in the Trauma Track receive massed-delivery Cognitive Processing Therapy (CPT) three times per week and Trauma Track process-therapy groups three afternoons per week. Interns in this rotation will provide massed-delivery CPT and contribute to the Trauma Track groups within the residential setting. As able, interns can participate in veterans' treatment teams while engaging in the Trauma Track. As with most residential-level treatment, urgent needs outside of past traumatic events at times emerge and take precedence. Interns interested in this rotation should be comfortable with a face-paced working environment.

### **Wellness and Recovery Center (WRC)**

**Supervisors: Jennifer L. Lemkuil, Ph.D. & Susan Young, Ph.D.**

The Wellness and Recover Center (WRC) is a general mental health clinic. It is comprised of a multidisciplinary team of clerks, psychologists, nurse practitioners, social workers, LPNs, RNs, and psychiatrists that provide coordinated medication and psychotherapy services. Interns have the opportunity to conduct assessment, treatment planning, individual therapy, group therapy, and compensation & pension exams (C&Ps) by both in- clinic sessions and video telehealth. There may also be some opportunities for bariatric and transplant readiness evaluations.

Most Veterans utilizing the WRC are from rural areas. As such, video telehealth options are routinely offered to Veterans to increase their access to care. This rotation is designed to enable the Interns to develop competence in the differential diagnosis of psychopathological disorders and to develop and implement individualized, recovery-oriented, diversity affirmative treatment plans essential for effective intervention. Interns can work with Veterans experiencing a wide range of concerns and severity levels including trauma, anxiety, mood, substance use, and personality disorders. Adjustment issues, Military Sexual Trauma, grief, anger, and marital discord are common issues. Therapy occurs individually as well as in the context of groups. Groups offerings change so it is difficult to specify which ones will be offered at any time. Past offerings have included Acceptance and Commitment Therapy, Dialectical Behavior Therapy, Cognitive Behavioral Therapy for Insomnia, mindfulness, anger management, interpersonal, and psycho educational groups. In addition, there are opportunities to design and implement a psychotherapy group if the intern so desires. The clinic utilizes measurement-based care in treatment planning and monitoring and therefore the Intern can expect to learn how to use measurement to assess progress in psychotherapy.

There are two supervisors for this rotation. Dr. Lemkuil primarily works from a

Cognitive Behavioral framework. However, the supervisor does not expect the intern to work from that orientation if the orientation chosen is something the supervisor can adequately supervise with her skill and knowledge set. The intern's own interests and theoretical orientation are incorporated within the context of appropriate client needs. This supervisor has a special interest in female Veterans and therefore, interns can expect to gain specific knowledge about the unique needs, issues, and experiences of female Veterans. Interns receive training in evidence-based psychotherapies such as Acceptance and Commitment Therapy for Depression, Cognitive Behavioral Therapy for Depression, Cognitive Processing Therapy for PTSD, Cognitive Behavioral Therapy for Insomnia, and Prolonged Exposure.

When unexpected or emergent situations arise, the clinic shifts from in person to telehealth appointments to meet Veteran needs. All WRC staff and interns are expected to be telehealth ready and therefore offices are set up with cameras to accommodate tele health visits. Interns in WRC are trained on telehealth equipment at the start of the rotation so that they may offer this to all Veterans who live within the state.

## **MINOR ROTATIONS**

Interns will typically spend one day each week working in their minor rotation.

### **Athens Outpatient Clinic**

**Supervisor: Stephen Owens, Ph.D., ABPP**

As an extension of the Chillicothe VAMC, the Athens Community Based Outpatient Clinic (CBOC) provides medical and mental health care to approximately 2000 Veterans. Most of the Veterans served in the Athens clinic reside in rural communities; many of the communities are among the poorest in the state. Mental health services are provided in the context of a primary care clinic; multidisciplinary collaboration occurs regularly. The Athens CBOC mental health team consists of a psychiatrist, psychologist, and social worker. This rotation is a general outpatient psychotherapy training opportunity that includes training in evidence-based treatments for posttraumatic stress disorder and cognitive behavioral interventions for a wide range of presenting problems. Interns may also have the opportunity to co-lead group treatments for anger management, insomnia, and relaxation training. Opportunities will also allow for trainees to complete thorough suicide assessments and create safety plans for Veterans who are suicidal but do not require hospitalization. All neuropsychological examinations are completed in Chillicothe, but CBOC trainees will administer the RBANS and mental status examinations.

Mental health services are routinely delivered both at the CBOC and via telehealth with the use of VA Video Connect (VVC). All CBOC staff and interns are expected to be telehealth ready and therefore offices are set up with cameras to accommodate tele health visits. Interns at the CBOC are trained on telehealth equipment at the start of the rotation so that they may offer this to all Veterans who live within the state. When unexpected or emergent situations arise, the clinic increases or shifts from in person to VVC appointments to meet Veteran needs.

### **Cambridge/Marietta Outpatient Video Telehealth**

**Supervisor: Michelle Sharp, Ph.D.**

Video Telehealth is a means to provide care to veterans via video conferencing when Veteran and provider are at different locations. Prior to the pandemic, video telehealth was being used to reach Veterans in rural locations. Veterans and clinicians are able to see and hear one

another in real time, even when in different cities. Clinicians use video conferencing to provide mental health care to veterans in other VA locations and to Veteran's homes. Interns will work from the main Chillicothe VAMC campus. Supervision will be provided via videoconference technology with a psychologist who can join video sessions at any time. Interns will also have a backup supervisor co-located in Chillicothe.

Treatment experiences include working with Veterans with a wide array of issues, typical of an outpatient clinic, with a possibility to cater types of cases based on the intern's interests. Clinical experiences are expected to include initial intakes (for experience in differential diagnosis and structuring an interview to obtain pertinent historical information) as well as goal-oriented psychotherapy. Interns on this rotation will accept assessment and psychotherapy referrals from the Community Based Outpatient Clinics (CBOC) as well as possibly from Chillicothe-based outpatient clinics including the Wellness and Recovery Center (WRC) and the Posttraumatic Stress Disorder Clinical Team (PCT). Referrals from the Chillicothe-based clinics (WRC and PCT) may be seen in-person or via video, based on Veteran preference while referrals from the CBOCs would be seen via video.

Interns interested in this rotation should have comfort or desire to receive telesupervision. Trainees on this rotation should be comfortable proactively reaching out to supervisors, problem-solving technology issues, and view organization and planning as a strength.

**Minors can also be offered in the outpatient mental health clinics (Wellness and Recovery Center). VTEC, Acute/PRRTP, and PTSD clinic can occasionally be structured as a minor rotation. See the descriptions provided under major rotation.**

### *Supervision*

As described in VHA Handbook 1400.04 (Supervision of Associated Health Trainees), supervision of psychology interns is provided by licensed psychologists who also are privileged providers within the VAMC medical staff organization (professional staff). To a limited degree, qualified practitioners of other disciplines within the medical center may provide supervision to psychology interns. The amount and type of supervision provided by a licensed psychologist must fulfill the requirements set forth by the Standards of Accreditation of the APA Commission on Accreditation. For example, a minimum of four hours of supervision must be provided weekly for interns, of which three hours must be regularly scheduled individual supervision.

Each week, Interns can expect to receive at least 3 hours of individual supervision (2 hours per major, and 1 hour per minor rotation), and at least 1 hour of group supervision, at regularly scheduled times. Interns who opt for Cognitive Processing Therapy training will receive an additional 1 hour per week of group consultation. Interns will also find that supervisors are readily available for informal consultation, so actual supervisory hours will exceed minimum requirements most weeks. Supervisors are immediately accessible during times of emergency, and Interns are expected to seek supervision as soon as a crisis becomes apparent. Interns can expect that supervisors will alert them to an alternative supervisor if the primary supervisor will be inaccessible for a period of time. Style and modes of supervision vary. Video and audio recordings, observation, role-plays, process notes, and co-therapy are among the tools used to aid in supervision. Interns receive supervision on their clinical work and reports, their case presentations in team meetings and seminars, their consultative/supervisory work, and their overall professional conduct. Interns should expect to be assigned readings and literature reviews

as part of their supervision.

All work performed by psychology interns must be supervised. Interns must always be aware of who their supervisor is at any time they are on site. Generally, this will be consistent throughout the year. When a supervisor takes leave, they should notify their interns of the person who will be ‘covering’. **No** clinical work is to be done after hours as there will be no covering psychologist available (this includes phone calls to patients). Finally, in addition to discussing psychotherapy cases, interns must have all consultation reports and progress notes co-signed by a staff psychologist.

Interns may also be provided with “vertical supervision”. Vertical Supervision is supervision provided by an unlicensed psychologist. The unlicensed supervisor must be supervised by a licensed psychologist regarding the supervision of the intern. In all cases, it is ultimately the licensed and privileged supervisor who retains clinical, ethical, and legal responsibility for all supervision and patient care provided by interns. Vertical supervision by more senior psychologist trainees increases the proficiency of unlicensed psychologists developing in the area of supervision and also benefits the intern through the addition of multiple perspectives and additional oversight. Such vertical supervision does not replace the required minimum supervision provided directly to the intern by a licensed practitioner and at no time will be considered a substitute for this requirement.

### ***Didactics***

Interns will participate in a series of didactic presentations offered on a weekly basis throughout the year. Taught by staff and consultants, these seminars will be designed to educate interns about current developments in clinical practice, research, and theory. They will consist of both general and specialized clinical topics that focus on development of clinical knowledge and skills in assessment, psychotherapy, and consultation (e.g., differential diagnosis, evidence-based treatment for PTSD, risk assessment, and homelessness), as well as issues related to the professional practice of psychology (e.g., diversity topics, journal club, cultural competence, ethics, rural health). Some seminars will be presented in a series format in order to provide more comprehensive exposure to topics. Interns will also periodically attend didactics held in conjunction with other training disciplines at the facility such as clinical pharmacy, psychiatry, and/or social work. Intern input during the year will permit addition of timely topics as training needs emerge. Interns will also attend relevant presentations offered by other services and treatment units such as Grand Rounds. Interns will also have the opportunity to participate in monthly teleconferences offered by the VA (e.g., PTSD, TBI, MST).

Interns also participate in a monthly journal club, case presentations, several didactic presentations, and on occasion, interns present to audiences outside of the Chillicothe VA.

### ***Telesupervision and Telework Opportunities***

Telesupervision: The Chillicothe VAMC psychology internship program has been granted a waiver from the VA Office of Academic Affiliations to enable the use of telesupervision. Telesupervision will only be utilized for those rotations in which it is deemed to fulfill the level of oversight needed, provides a high-quality training experience for the trainee, and does not detract from the fulfillment of clinical care duties or upholding learning needs of the trainee.

Consistent with APA policy, all interns will receive at least 50% of in-person supervision. Not all trainees are going to be appropriate for telesupervision. Our program applies for this waiver yearly from the VA national office and the use of telesupervision is dependent on this yearly approval.

Home telework opportunities: Our training program recognizes that our graduates will be entering a job market that includes many positions that are partial- or fully-remote. As such, we believe it useful to include telework as part of the internship training experience. After the first three months, most interns should be eligible to telework on 1-2 didactic days per month. Additionally, some rotations may permit interns to telework an additional day per week. Before any employee (interns included) are eligible for telework they must demonstrate appropriate competency in a given rotation prior to engaging in telework. Demonstrating competency may be stepped, and will depend on many factors, including (but not limited to) prior experience, the rotation, and demands of the clinic. Additionally, employees are required to have systems appropriate for telework. Historically, we have been successful in obtaining interns laptops with telework capability. However, Interns will also be required to provide an internet connection with sufficient bandwidth to handle telehealth capabilities, private workspace (particularly with regards to confidential patient health information), etc. The VA does not provide internet access for those teleworking. Additionally, to be eligible for telework, interns must be in satisfactory standing in the internship training program. Note, that telework requires you to be in a physical proximity that allows you to physically present to the VA at any time, without significant delay. Telework agreements are not a guarantee and may be rescinded with short notice.

### **Profession-Wide Competencies**

Our program is organized with the goal of producing graduates with the knowledge and skills necessary to assume a number of different roles as professional psychologists. Subsumed under this overarching goal are the following nine Profession-Wide Competencies, each of which has several specific aims and observable skills.

**1. Research:** At the completion of training, interns will be competent in Strategies of Scholarly Inquiry.

**Aims for Competency 1:** Our Psychology Internship program will:

1. Train clinicians who recognize the importance of empirically supported practice.
2. Train clinicians who incorporate empirical evidence related to treatment into practice.
3. Train clinicians who are skilled at exploring, evaluating, and referencing clinical research.

**Observable skills for Competency 1:**

1. Is able to effectively summarize relevant literature in journal clubs and professional talks.
2. Completes scholarly activities of professional quality in local or national outlets (e.g., seminar presentations, professional conferences).

3. Is knowledgeable about several empirically supported methods or tools for measuring clinical progress and outcomes and can administer, interpret, and appropriately utilize them to inform initial and ongoing treatment planning.

**2. Ethical and Legal Standards:** At the completion of training, interns will be competent in Ethical and legal practices.

**Aims for Competency 2:** Our psychology Internship program will:

1. Train providers whose practice is consistent with current APA ethics code.
2. Train providers whose practice is consistent with VA policies and standards.
3. Train providers whose practice is consistent with current standards of Legal Practice as it relates to the provision of psychological services in Ohio.

**Observable skills for Competency 2:**

1. Performs informed consent and explains limits of confidentiality.
2. Demonstrates awareness of and adherence to APA ethics related to:
  - a) Assessment and diagnosis.
  - b) Consultation.
  - c) Supervision.
  - d) Research.
  - e) Behavioral standards.
3. Demonstrates awareness of and adherence to VA policies and standards related to:
  - a) Assessment and diagnosis.
  - b) Supervision.
  - c) Behavioral standards.
4. Demonstrates awareness of and adherence to Ohio state laws that Laws and Rules Governing the Practice of Psychology:
  - a) Assessment and diagnosis.
  - b) Supervision.
  - c) Behavioral standards.

**3. Individual and Cultural diversity:** At the completion of training, interns will be competent in Cultural and Individual Diversity.

**Aims for Competency 3:** Our Psychology Internship program will:

1. Train clinicians who incorporate an understanding of issues of diversity into their practices.
2. Train clinicians that are competent to work with Veteran populations.
3. Train clinicians that are competent to work with rural populations.

**Observable skills for Competency 3:**

1. Is sensitive to issues of diversity when conducting assessments, during interpretation, and when providing feedback.
2. Demonstrates awareness of issues of diversity in research.
3. Is sensitive to issues of diversity when providing group/individual psychotherapy.

4. Is sensitive to issues of diversity in clinical consultations.
5. Is sensitive to issues of diversity in supervision.
6. Is sensitive to issues of diversity in case conceptualization.

**4. Professional Values, attitudes, and behaviors:** At the completion of training, interns will be competent in demonstrating a Professional Demeanor.

**Aims for Competency 4:** Our Psychology Internship program will:

1. Train clinicians who treat others with respect.
2. Train clinicians who exhibit professionalism in their work relationships.
3. Train clinicians who exhibit consistent responsibility and dependability at work.

**Observable skills for Competency 4:**

1. Presents a professional appearance and demeanor.
2. Shows a positive professional attitude towards assignment.
3. Takes on responsibilities appropriately.
4. Exhibits dependability.
5. Shows good judgment.
6. Demonstrates timeliness of written material.
7. Demonstrates self-direction in work.

**5. Communication and interpersonal skill:** At the completion of training, interns will be competent in demonstrating effective and professional communication and interpersonal skill.

**Aims for Competency 5:** Our Psychology Internship program will:

1. Train clinicians who communicate clearly and effectively.
2. Train clinicians who have effective interpersonal skill.

**Observable skills for Competency 5:**

1. Develops good relationships with other professionals.
2. Develops good relationships with peers.
3. Develops good relationships with patients.
4. Demonstrates clear and direct oral presentation.
5. Demonstrates clear and direct written presentation.

**6. Assessment:** At the completion of training, Interns will be competent in Theories and Methods of Assessment and Diagnosis.

**Aims for Competency 6:** Our Psychology Internship program will:

1. Train clinicians who are competent at using the clinical interview as an assessment tool.
2. Train clinicians who are competent in the administration and interpretation of psychological testing measures.
3. Train clinicians who are competent in the administration and interpretation of personality assessment measures.

4. Train clinicians who are competent in integrating interview and assessment findings into diagnosis and treatment recommendations.
5. Train clinicians who incorporate empirical evidence related to assessment into practice.
6. Train clinicians who are effective in providing accurate feedback to clients.

**Observable skills for Competency 6:**

1. Demonstrates diagnostic interviewing skills including the capacity to make a differential diagnosis.
2. Selects appropriate assessment/evaluation tools.
3. Administers measures appropriately.
4. Accurately and thoroughly interprets psychological tests and evaluation data.
5. Reviews and integrates medical record information into interpretation, diagnosis, recommendations.
6. Writes integrated assessment reports.
7. Integrates relevant scientific literature into interpretation/impression.

**7. Intervention:** At the completion of training, Interns will be competent in Theories and Methods of Effective Intervention.

**Aims for Competency 7:** Our Psychology Internship program will:

1. Train clinicians who are competent at case conceptualization.
2. Train clinicians who are competent at risk assessment.
3. Train clinicians who are competent at developing and implementing treatment plans.
4. Train clinicians who are competent at individual psychotherapy.
5. Train clinicians who are competent at group psychotherapy.
6. Train clinicians who adhere to evidenced based standardized protocols when available and relevant.

**Observable skills for Competency 7:**

1. Integrates bio/psycho/social data from patient, medical record, and knowledgeable informants into case conceptualization.
2. Performs risk assessments consistent with standards of practice.
3. Establishes and documents goal of treatment interventions or consultation (i.e., treatment plans).
4. Develops and maintains a good working relationship with patients.
5. Uses appropriate interventions.
6. Effectively applies empirically supported treatments within clinical work.
7. Demonstrates a working understanding of process issues in clinical work.
8. Effectively accomplishes termination of therapy.
9. Maintains professional boundaries.
10. Manages caseload well.

**8. Supervision.** At the completion of training, interns will be competent in Theories and/or Methods of Supervision.

**Aims for Competency 8:** Our Psychology Internship program will:

1. Train clinicians who are knowledgeable of supervision practices.
2. Train clinicians who are skilled at explaining psychologist principles.
3. Train clinicians who are skilled in guiding less seasoned professionals in developing clinical skills and professional identity.

**Observable skills for Competency 8:**

1. Effectively works with other treatment providers whom they are providing consultation.
2. Establishes clear goals, objectives, and agendas for supervision.
3. Seeks consultation as needed to guide teaching and supervision.
4. Responds professionally and effectively to feedback from supervisors.

**9. Consultation and interprofessional/interdisciplinary skills.** At the completion of training, Interns will be competent in Theories and/or Methods of Consultation and interdisciplinary collaboration.

**Aims for Competency 9:** Our Psychology Internship program will:

1. Train clinicians who are skilled at consultation with a variety of allied health professionals.
2. Train clinicians who communicate effectively about psychological principles with other allied health professions.
3. Train clinicians who collaborate respectfully in interdisciplinary treatment planning.
4. Train clinicians who have effective presentation skills to address diverse audiences.

**Observable skills for Competency 9:**

1. Develops and maintains a good working relationship with the parties involved in consultation efforts.
2. Effectively works with other treatment providers.
3. Demonstrates confidence in relaying information to members of other disciplines.
4. Seeks consultation as needed to guide teaching, consultation, and presentations.

***Requirements for Completion***

It is expected that upon completion of the program all interns will demonstrate competence in the following nine Profession-Wide Competencies:

- A. Research
- B. Ethical and Legal Standards
- C. Individual and Cultural diversity
- D. Professional Values, attitudes, and behaviors
- E. Communication and interpersonal skill
- F. Assessment
- G. Intervention
- H. Supervision
- I. Consultation and interprofessional/interdisciplinary skills

At the beginning of the training year, each intern receives a Psychology Intern Handbook that

specifies the required competency elements within each domain, along with the expected levels of performance for an intern at the end of each quarter. The intern is rated on a quarterly basis by each of their rotation supervisors on all competency elements that apply to their major and minor rotations. Review of clinical documentation, input from training committee members, evaluations from case presentations, journal club presentations, and didactic presentations; audio/video recording may also be reviewed as a part of the evaluation of each intern's skills.

### ***Facility and Training Resources***

All interns are provided with office space and secure networked computers necessary for patient care and administrative responsibilities. They have access to the VA Medical Library services such entire text databases like EBSCO Host, as well as VA intranet and internet resources for clinical work and research.

### ***Administrative Policies and Procedures***

The Chillicothe VAMC's policy on Authorized Leave is consistent with the national standard.

***Holidays and Leave:*** Interns receive the 11 annual federal holidays. In addition, interns accrue 4 hours of sick leave and 4 hours of annual leave for each full two week pay period as an intern, for a total of 104 hours of each during the year.

***Parental Leave:*** If parental leave is necessary during the internship year, the internship training directors will work with the intern to formulate a written plan to achieve the following goals: 1) Allow appropriate parental leave time, 2) Allows the Intern to meet the 2080 internship hours and all program competencies, and 3) Comply with state, federal, and VA standards regarding parental leave. Communicating the need for anticipated parental leave in a reasonable time frame will aid in developing an adjusted training plan that accommodates the parental leave.

Parental leave begins by the intern using all their accrued paid sick leave and then annual leave. Next, the intern will typically go on Leave Without Pay (LWOP) status until they are able to resume their training activities. In cases of LWOP, the Training Director will consult with the Office of Academic Affiliation (OAA) and the Chillicothe VA Fiscal Office to coordinate how to adjust stipend-related funds if the internship year consequently extends beyond the federal fiscal year. Typically, during LWOP status the VA will continue to pay the VA portion of health and life insurance benefits. When the Intern returns to duty, they will resume receiving pay, but they will need to pay for their portion of health and life insurance expenses for the period of training that extends beyond their original completion date.

***Due Process:*** All trainees are afforded the right to due process in matters of problematic behavior and grievances. A due process document is distributed to every Intern during orientation and reviewed with them subsequently. A copy of our due process policy is available on request.

***Privacy policy:*** We collect no personal information from you when you visit our Website.

***Self-Disclosure:*** We do not require interns to disclose personal information to their clinical supervisors except in cases where personal issues may be adversely affecting an Intern's

performance and such information is necessary to address these difficulties.

### **Training Staff**

**Justine Baldwin, Psy.D. (clinical);** pronouns: she/her/hers. American School of Professional Psychology at Argosy University, Washington DC, 2016. Completed an APA-accredited postdoctoral fellowship at the George E. Wahlen VA Medical Center in Salt Lake City, UT. Assignment: Posttraumatic Stress Disorder Clinical Team (PCT). Theoretical orientation: Cognitive Behavioral. Clinical interests: PTSD, substance use disorders, and resiliency. Teaching and supervision interests: PTSD, resiliency, trauma-informed care, and SUD. Also: I have completed the VA training and consultation for Cognitive Processing Therapy, Written Exposure Therapy and CBT for Insomnia and the VA training for Prolonged Exposure. I enjoy hiking, eating good food, watching sports (especially college basketball), and travelling.

**Nathan Bidlack, Psy.D. (clinical), CPRP, ABPP (clinical psychology);** pronouns: he/him/his. Wright State University School of Professional Psychology, 2009. Assignment: Program Manager, Veterans' Transition and Empowerment Center (VTEC). Theoretical orientation: Existential and cognitive. Clinical Interests: Severe mental illness and trauma. Teaching and supervision interests: Recovery-based care for SMI, group and individual psychotherapy for SMI, supported employment. Professional organizations: Psychiatric Rehabilitation Association (PRA) and Dayton Area Psychological Association (DAPA). University Appointment: Wright State University School of Professional Psychology (Clinical Assistant Professor). Also: I have completed the VA training and consultation in Social Skills Training for Severe Mental Illness, Cognitive Processing Therapy for PTSD, and Motivational Interviewing. In my spare time, I teach and practice tae kwon do, play video games, read spy thrillers and mysteries, chauffeur my kids to all their activities, and cheer on my beloved Boston Red Sox and Cincinnati Bengals. I enjoy traveling and visiting baseball parks throughout the country.

**Margaret DeHoff, Psy.D. (clinical);** pronouns: she/her/hers. Indiana State University, 2010. Assignment: Acute Psychiatry/Psychosocial Residential Rehabilitation Treatment Program (PRRTP). Theoretical orientation: Integrative (primarily Interpersonal & CBT). Clinical interests: personality disorders, anxiety, trauma, dissociation, interpersonal functioning. Teaching and supervision interests: interpersonal and psychodynamic therapy, behavioral family therapy, dynamics of process groups, dissociative disorders, suicide risk assessment, treating suicidal behavior. Professional organizations: Ohio Psychological Association. Also: I have completed the VA training and consultation in Social Skills Training, Behavioral Family Therapy, Motivational Interviewing, and Acceptance and Commitment Therapy. When I'm not chauffeur my two children to their various obligations, I spend as much time as I can playing classical piano (currently working through Bach's Inventions) and reading sci-fi/fantasy and historical fiction. I am a tea enthusiast and routinely prioritize an afternoon tea (even during the workday – no judgy – self-care!).

**Beth Gensner, Psy.D. (clinical);** pronouns: she/her/hers. Spalding University, 2007; Internship: Ancora State Psychiatric Hospital, Rutgers Univ. at Camden (NJ). Assignment: Acute Psychiatry/Psychosocial Residential Rehabilitation Treatment Program (PRRTP). Theoretical orientation: Relational-cultural, strengths-based, recovery-focused. Clinical interests: Severe

mental illness, multicultural populations, and suicide prevention. Teaching and supervision interests: recovery, positive psychology, effective interventions with individuals diagnosed with a severe/persistent mental illness, risk assessment, and topics pertaining to human diversity. I have completed the VA training and consultation in Social Skills Training (SST) for Serious Mental Illness. Crisis/back-up clinician with Scioto Paint Valley Mental Health (Pickaway County Clinic). I am a Columbus, OH native and currently live in Grove City. I spend my free time with my two children, riding my scooter, and also enjoy weightlifting.

**Sabrina Gonzales, Ph.D. (clinical);** pronouns: she/her. Bowling Green State University, 2019. Assignment: Wellness Recovery Center. Theoretical orientation: Interpersonal, feminist, recovery-focused, cognitive. Clinical interests: serious mental illness, multicultural populations, self-compassion and recovery. Teaching and supervision interests: recovery, serious mental illness and appropriate interventions, group psychotherapy and process, intersectionality and diversity, social justice and advocacy, and systems interventions. I am originally from the west coast, but I have lived in Ohio for the past 7 years. I currently live in Chillicothe with my two cats. My personal interests include fiber arts, horror movies and reading, and cooking for and spending time with my loved ones.

**Jaclyn Hillis-Mascia, Psy.D. (clinical);** University of Indianapolis, 2015. Completed APA-accredited postdoctoral residency at Louis Stokes Cleveland DVAMC. Assignment: Veteran's Transition and Empowerment Center (VTEC/PRRC). Theoretical orientation: Integrative. Clinical interests: Metacognitive Reflection & Insight Therapy (MERIT); schizophrenia spectrum disorders; emotional dysregulation and attachment related stress; understanding the intersubjective processes that promote integration of self-experience and movement towards recovery. Teaching and supervision interests: metacognitive model; case conceptualization, countertransference and common reactions when working with persons experiencing psychosis. Active research: Pilot Trial of Metacognitive Reflection and Insight Therapy (MERIT) to Improve Low Emotion Regulation in Persons Experiencing Psychosis. Professional Organizations: Ohio Psychological Association. Personal interests: spending time with loved ones and playing tennis.

**Jennifer Lemkuil, Ph.D. (counseling);** pronouns: she/her/hers. University of Wisconsin-Milwaukee, 2007. Assignment: Program Manager of the Wellness and Recovery Center (WRC) and CBOC Mental Health Programs. Theoretical orientation: Cognitive Behavioral. Clinical interests: PTSD, women's mental health, military sexual trauma. Teaching and supervision interests: the same as clinical interests. I have completed VA training and consultation in Cognitive Processing Therapy for PTSD, Prolonged Exposure Therapy, and Cognitive Behavioral Therapy for Insomnia. I have two young boys and we like to travel. We love animals and have dogs, cats, a guinea pig, chickens, and bees.

**Shalagh McBride, Psy.D. (clinical);** pronouns: she/her/hers. Wright State University School of Professional Psychology, 2014. Assignment: Community Living Centers. Theoretical orientation: Eclectic (Feminist, CBT, existential). Clinical interests: geropsychology, cognitive assessment, interdisciplinary consultation/collaboration, and palliative care. Teaching and supervision interests: geropsychology, case conceptualization, topics related to human diversity, and medical ethics. I have completed the VA training and consultation in Cognitive Processing

Therapy for PTSD, REACH-VA for caregivers of individuals with dementia, and STAR-VA for individuals with dementia. In my spare time, I enjoy the outdoors, audiobooks, and spending time with my family.

**Kamara McGill, Ph.D. (clinical);** pronouns: she/her/hers. Washington University, 2005. Assignment: Substance Abuse Treatment Program and Posttraumatic Stress Disorders Treatment Clinic. Theoretical orientation: Cognitive Behavioral. Clinical interests: Health psychology, PTSD, substance use disorders. Teaching and supervision interests: PTSD and SUD, Seeking Safety, Tobacco Treatment. Also: I have completed the VA training and consultation in Cognitive Processing Therapy for PTSD, Prolonged Exposure Therapy for PTSD, Cognitive Behavioral Therapy for Insomnia, and Moving Forward (using a problem-solving approach to achieve life's goals), VA consultant for Moving Forward. I commute to Chillicothe from Columbus daily. I really enjoy living closer to a large city and working in a more rural, close-knit community. I am married and have kids. I enjoy traveling and spending time with my family.

**J. Sean McKay, Ph.D. (clinical).** Northern Illinois University, 1998. Completed APA-accredited internship at Hines VA Medical Center in Chicago, IL. Previous clinical experiences have included hospital settings, community mental health, private practice, and embedded behavioral health for Air Force Special Operations. Assignment: Posttraumatic Stress Disorder Clinical Team (PCT). Theoretical orientation: Cognitive Behavioral. Clinical Interests: PTSD, anxiety/depression, resiliency, mindfulness. Teaching and supervision interests mirror clinical interests. I have completed VA training and consultation in Cognitive Processing Therapy, Written Exposure Therapy (WET), and Eye Movement Desensitization and Reprocessing (EMDR) for PTSD. My wife and I are transplants from the South, but have spent many years over our marriage in the Midwest (Illinois, North Dakota, Ohio). I am an avid sports and movie fan, enjoy hiking/rucking when I get the chance, active in my local church, and co-host a pop culture/gaming podcast with my oldest son.

**Stephen J. Owens, Ph.D. (clinical), ABPP (clinical psychology);** pronouns: he/him/his. Purdue University, 2000. Assignment: Co-Training Director and Athens CBOC. Theoretical orientation: Cognitive Behavioral. Clinical interests: PTSD, geropsychology, evidence-based treatments. Teaching and supervision interests: telepsychology, rural mental health. Professional organizations: American Psychological Association (div: 12(2), 18, 20, 56), Ohio Psychological Association. University Appointments: Ohio University (Adjunct). I have completed the VA training and consultation in Cognitive Processing Therapy for PTSD, Prolonged Exposure for PTSD, and Cognitive Behavioral Therapy for Insomnia. My family and I have lived in Athens for 20+ years and enjoy spending time outdoors. In my personal time, I enjoy restoring and driving classic cars/trucks, playing banjo, and woodworking.

**Jenna M. Plumb-Sisson (Plumb), Psy.D. (clinical);** pronouns: she/her/hers. Midwestern University, 2016. Assignment: Co-Training Director and Primary Care Mental Health Integration (Team Lead). Theoretical orientation: Cognitive-Behavioral. Clinical interests: Health psychology, evidence-based psychotherapies, PTSD, and geropsychology. Teaching and supervision interests: assessment, case conceptualization, and burnout. Professional organization: American Psychological Association. Also: VA trained in Cognitive Behavioral Therapy for

Depression (CBT-D), Brief Cognitive Behavioral Therapy for Chronic Pain (BRIEF CBT-CP) for Primary Care, Brief Cognitive Behavioral Therapy for Insomnia (BRIEF-CBT) for Primary Care, Cognitive Behavioral Therapy for Insomnia (CBT-I), Cognitive Processing Therapy for PTSD (CPT), Motivational Interviewing (MI), MOVE! (national weight management program designed by VA), Prolonged Exposure for Primary Care (PE-PC), and Strength at Home (Intervention for Interpersonal Violence offenders); non-VA trained in Accelerated Resolution Therapy (ART), Eye Movement Desensitization and Reprocessing (EMDR) and IASIS Microcurrent Neurofeedback. I am a past intern of the Chillicothe VAMC and have previously held positions in the CLCs and PCT. In my spare time, I enjoy good food, music, running, and spending time outdoors with my family and goldendoodles.

**Eric T. Reinhart, Psy.D. (clinical);** pronouns: he/him/his. Wright State University – School of Professional Psychology, 2016. Assignment: Workplace Violence Prevention Program Manager. Theoretical orientation: Assimilative - Behavioral/Multicultural. Clinical interests: Health psychology & behavioral medicine, mindfulness, Acceptance and Commitment Therapy (ACT), prevention and treatment of burnout, holistic models of treatment, and interdisciplinary collaboration. Teaching and supervision interests: Same as clinical interests. Professional organizations: Association for Threat Assessment Professionals (ATAP). I have completed the VA training and consultation in Cognitive Processing Therapy for PTSD and Motivational Interviewing. My family and I have lived in the Columbus area for 22 years and enjoy spending time together, whether that be outdoors or binge watching our favorite TV shows. In my personal time I enjoy participating in the Scouting program with my children, supporting their other interests, as well as the study of martial arts and physical fitness.

**Carrie Robinson, Ph.D. (counseling);** pronouns: she/her/hers. The Ohio State University, 2007. Assignment: Outpatient Division Manager and Specialty Services Coordinator – Mental Health Care Line, to include Posttraumatic Stress Disorder Clinical Team (PCT). Theoretical orientation: Cognitive-Behavioral. Clinical interests: Evidence-based treatments, PTSD. Teaching and supervision interests: Cognitive Processing Therapy, Prolonged Exposure Therapy, Cognitive Behavioral Therapy for Insomnia. Professional organizations: American Psychological Association, Ohio Psychological Association, National Register of Health Service Providers in Psychology, Association of VA Psychologist Leaders. Also: VISN 10 Regional Cognitive Processing Therapy Trainer and Consultant. I have completed the VA training and consultation in Cognitive Processing Therapy for PTSD, Prolonged Exposure Therapy for PTSD, and Cognitive Behavioral Therapy for Insomnia. I have been working at the Chillicothe VA since 2007. I live in Pickerington, Ohio, and have three adult children. I was formerly a veterinarian and co-owned a small animal practice until 2001. I enjoy walking for exercise, and am a member of the cadre of “tunnel walkers” we have here at the VA.

**Michelle Sharp, Ph.D. (clinical);** pronouns: she/her/hers. Southern Illinois University-Carbondale, 1997. Assignment: Marietta and Cambridge CBOC. Theoretical orientation: Eclectic (ACT; Cognitive; Interpersonal). Clinical interests: Evidence-based treatments, PTSD, Depression. Teaching and supervision interests: Supervision, Evidence Based therapies, PTSD. I have completed the VA training and consultation in Cognitive Processing Therapy for PTSD, Prolonged Exposure Therapy for PTSD, Acceptance and Commitment Therapy for Depression, Skills Training in Affect and Interpersonal Regulation (STAIR), Interpersonal Therapy for

Depression and Cognitive Behavioral Therapy for chronic pain. I have completed VA training and am currently completing consultation for Written Exposure Therapy For PTSD. I transferred to the Chillicothe VA in October 2021 from John D Dingell VA in Detroit MI. I was at the Detroit VA since 2007 and initially worked a couple years with OEF/OIF services, then in the PTSD program, serving as coordinator for several years. I now live in Harbor Beach, Michigan and have an adult daughter. I enjoy reading, nature walks and watching freighters on Lake Huron out my window as well as the antics of my cats inside.

**Laura Smith, Ph.D. (clinical);** pronouns: she/her/hers. University of Kentucky, 2004. Assignment: Pain Management; Associate Training Director of Psychology Internship Program. Theoretical orientation: Cognitive Behavioral, with an emphasis toward ACT. Clinical, teaching, and supervision interests: Behavioral medicine, Whole Health and general wellness. Professional organizations: APA and Association for Contextual Behavioral Science (ACBS). My previous roles at the Chillicothe VAMC include the CLCs and PCMH. I have completed VA training programs in CBT for Depression, Motivational Interviewing, CBT for Chronic Pain, Problem Solving Training in Primary Care, ACT for Depression, CBT for Insomnia, and clinical hypnosis. I live in Circleville with my husband, two children, and an ever-changing variety of pets. My personal interests include family, physical activity, self- development, and humor.

**Robert L. Taylor, Ph.D. (clinical),** Bowling Green State University, 1998. Assignment: Chief Psychologist, Mental Health Care Line Manager. Theoretical orientation: Behavioral/Cognitive-Behavioral. Clinical interests: Assessment, administration. Teaching and supervision interests: biological psychology, personality. Also: University Appointments: Ohio University-Chillicothe (Adjunct.) I live in Chillicothe and have a wife, 2 children, and a collie mix. My interests include sports, particularly baseball and football. I enjoy outdoor activities such as gardening, camping, fishing, and hiking.

**Christopher Thomas, Pharm.D.;** pronouns: he/him/his. Butler University, 2000. Assignment: Director of Clinical Pharmacy Residency. University Appointments: Clinical Associate Professor of Pharmacology at Ohio University College of Osteopathic medicine.

**Randall B. Wenker, Psy.D. (clinical),** Wright State University School of Professional Psychology, 1998. Assignment: Primary Care Mental Health Integration (PCMH), EAP Coordinator. Theoretical orientation: Cognitive-Behavioral & Interpersonal. Clinical interests: Assessment, individual and group psychotherapy. Teaching and supervision interests: Didactic, supervision practicum, intern, post-doctoral students. Professional organizations: APA. I have completed the VA training and consultation in ACT, CBT-I, IBCT, CPT. Father of two daughters. Owner/operator organic dairy farm. Other interests/pursuits: Health/nutrition/fitness, gardening, meditation/spirituality.

**Brooke Wright, Psy.D. (clinical);** pronouns: she/her/hers. Wright State University School of Professional Psychology, 2007. Assignment: Lancaster CBOC Clinical Video Telehealth (CVT), Portsmouth CBOC. Theoretical orientation: Eclectic (Self-Psychology, Cognitive). Clinical interests: treatment of trauma (adult and childhood sexual trauma, combat trauma), stress management, pain management. Teaching and supervision interests: stress management/relaxation techniques, self-care. Professional organizations: American

Psychological Association; Ohio Psychological Association. I have completed the VA training and consultation in Cognitive Processing Therapy for PTSD, CBT for Chronic Pain, CBT for Insomnia, and Moving Forward: Problem Solving Therapy. Recreational interests include spending time with my family, traveling, landscaping/gardening, and art (ceramics, painting).

**Susan B. Young, Ph.D. (counseling)**; pronouns: she/her/hers. Indiana University, 1997. Assignment: Wellness and Recovery Center. Theoretical orientation: Feminist-Multicultural. Clinical interests: trauma, neuroplasticity and polyvagal theory, meditation and relaxation training, cognitive behavioral and narrative strategies. Teaching and supervision interests: developmental approaches to supervision, holistic and biopsychosocial models for pain, stress, and chronic disease. Professional organizations: None currently. I have completed the VA training and consultations for CBT for CP, CPT, ACT, EMDR, DBT (for group treatment) and am a teacher of iRest yoga nidra meditation. I am trained (offsite) in PE. Before starting work at the VA in January 2016, I worked in private practice for six years in Athens, OH. Before that, I worked as staff psychologist at two different university counseling centers, serving as graduate student training and group coordinator in my first job and training director in my second; developed and coordinated eating disorders treatment teams in both centers, and championed best practice treatment for LGBT people, including starting a coordinated team approach to treatment for non-gender conforming individuals and running a gender non-conforming support group for many years. I have been trained at the National Coalition Building Institute and was subsequently involved for a number of years in a taskforce for university and community wide responses to racism and hate-related incidents on the campus and wider community, resulting in a pilot program of offering and teaching “Racism 101” classes at Ohio University as well as sponsoring a student program called “STARS” or Students Teaching About Racism in Society. I live near Glouster, OH with the love of my life in an intentional community and we have three adult children and two grandchildren. I am an avid gardener and seed saver, and have helped start a non-profit seed company as well as provided gardening/cooking education in Athens in order to improve food security and chronic health concerns in the southeast Ohio region.

### ***Recent Application and Trainee Information***

Year	Applications	Interviews	Programs
2012-13	22	18	1. California School of Professional Psychology of Alliant International University 2. Wright State University School of Professional Psychology 3. Argosy University, Washington, D.C.
2013-14	28	22	1. Wright State University School of Professional Psychology (2 students) 2. Argosy University, Twin Cities
2014-15	56	37	1. Alliant University, Los Angeles 2. University of Indianapolis 3. Fielding Graduate University in Maryland
2015-16	29	22	1. Wright State University School of Professional Psychology 2. Argosy University, Washington, D.C. 3. Midwestern University-Downers Grove Campus
2016-17	73 (phase I) 33 (phase II)	43 (phase I) 29 (phase II)	1. Carlos Albizu University, Miami Campus 2. Carlos Albizu University, San Juan Campus 3. Immaculata University 4. Marshall University 5. Minnesota School Prof Psych, Argosy-Twin Cities
2017-18	50	44	1. Bowling Green State University 2. Marshall University 3. Ohio University 4. Regent University 5. University of Wisconsin, Madison
2018-19	31	27	1. George Fox University 2. Wright State University School of Professional Psychology 3. Bowling Green State University 4. Marshall University 5. Chatham University
2019-2020	50 (phase I) 20 (phase II)	42 (phase I) 10 (phase II)	1. Bowling Green State University 2. Eastern Kentucky University 3. Fielding Graduate University 4. Illinois Institute of Technology 5. Northern Arizona University
2020-2021	37 (phase I) 18 (phase 2)	29 (phase I) 3 (phase 2)	1. Carlos Albizu University, Miami Campus 2. Palo Alto University 3. Regent University 4. Wright State University School of Professional Psychology
2021-2022	26	21	1. Carlow University 2. CUNY – City College 3. Wright State University School of Professional Psychology
2022-2023	20	16	1. Nova Southeastern University (2 students) 2. Adler University

2023-2024	27 (phase 1)10 (phase 2)	20 (phase 1)6 (phase 2)	1. Marshall University
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### ***Local Information***

The Chillicothe VAMC is located in a rural area. For Interns expecting to complete the Internship year without personal transportation, limited public transportation is available and can be explored here: [Welcome to City of Chillicothe, Ohio](#)

Our facility is located about 50 miles south of Columbus and a number of psychology staff and Interns commute from this location. Columbus is the capital and largest city of Ohio and the 14th-largest city in the United States. Columbus offers a range of opportunities including an active arts community, professional and college sports, and outdoor activities. Find out more at: <https://www.experiencecolumbus.com/> , <http://www.citytowninfo.com/places/ohio/columbus> , [https://en.wikipedia.org/wiki/Columbus,\\_Ohio](https://en.wikipedia.org/wiki/Columbus,_Ohio) .

Many psychology staff and Interns choose to live in the local area. Chillicothe and Ross County are blessed with abundant historical and recreational opportunities for people of all ages. We boast one of the best small-town museums in the nation that recently opened a \$1 million addition. There are five state parks within a 30-minute drive of the city. The local area is rich with biking and hiking paths, including one atop our levee alongside the Scioto River. The premier outdoor drama "Tecumseh!" draws people from many states. Sports fans will enjoy the Chillicothe Paints baseball team - members of the top collegiate wood bat league in the country. And there's much, much more. Below are links to the websites of many of those attractions. We hope you'll join us and take advantage of our southern Ohio hospitality.

Ross-Chillicothe Convention & Visitors Bureau:  
<http://www.visit Chillicothe Ohio.com/>

Adena State Memorial:  
<http://www.adenamansion.com/>

Hopewell Culture National Historical Park:  
<http://www.nps.gov/hocu/index.htm>

Ross County Historical Society:  
<http://www.rosscountyhistorical.org/>

Tecumseh! Outdoor Drama:  
<http://www.tecumsehdrama.com/>

Chillicothe.com  
<http://www.chillicothe.com/>



Pump House Center for the Arts

<https://www.thepumphouse.org>

Chillicothe Paints Baseball

<http://www.chillicothepaints.com/>

Tri-County Triangle Trail

<http://www.tricountytriangletrail.org/>

Ohio State Fair

<http://ohiostatefair.com/>

Ross County Fairgrounds

<http://rosscountyfair.com/>

**Check out our nearby state parks:**

Hocking Hills

<http://www.hockinghills.com/>

Scioto Trails

[Scioto Trail State Park | Ohio Department of Natural Resources \(ohiodnr.gov\)](#)

Great Seal

[Great Seal State Park | Ohio Department of Natural Resources \(ohiodnr.gov\)](#)

Paint Creek

[Paint Creek State Park Campground | Ohio Department of Natural Resources \(ohiodnr.gov\)](#)

Tar Hollow

[Tar Hollow State Park, an Ohio State Park located near Chillicothe, Circleville and Chillicothe](#)

Pike Lake

[Pike Lake State Park | Ohio Department of Natural Resources \(ohiodnr.gov\)](#)

Lake White

[Lake White State Park | Ohio Department of Natural Resources \(ohiodnr.gov\)](#)

Rocky Fork

[Rocky Fork State Park | Ohio Department of Natural Resources \(ohiodnr.gov\)](#)